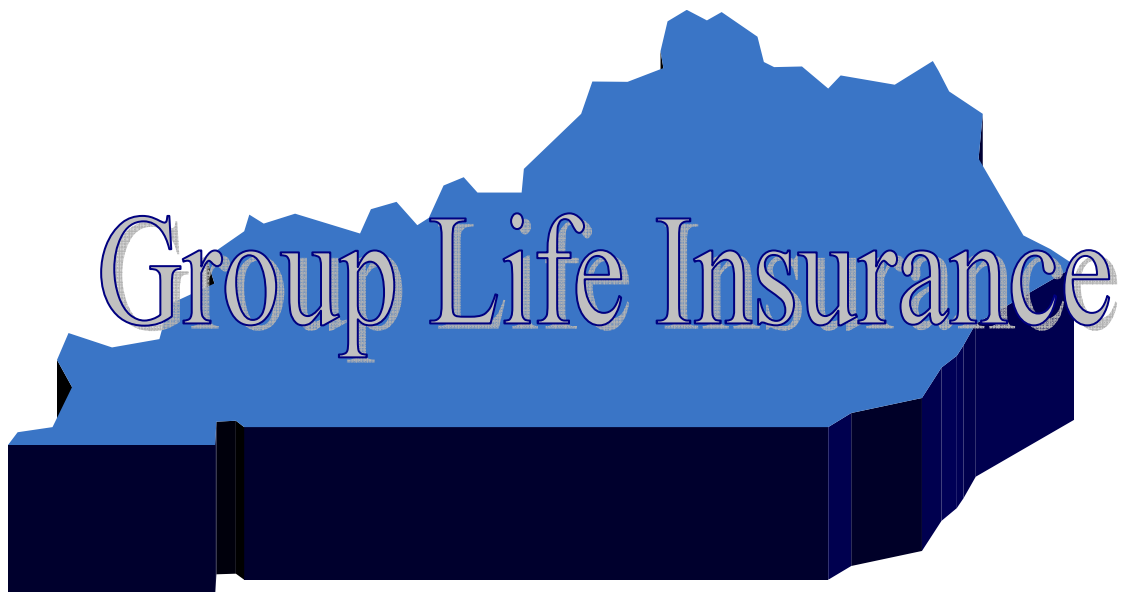


# PERSONNEL CABINET



GROUP LIFE INSURANCE  
ADMINISTRATION

## Attention: Group Life Insurance Coordinator's

The Basic State Paid Life amount coverage is \$20,000 per employee with an added Accidental Death and Dismemberment (AD&D) coverage for the same amount.

When reviewing the training instructions, you will find shaded sections. These areas are changes for the current contract with Nationwide Life Insurance. As you can tell, the contract with Nationwide did not require many changes to the Group Life Insurance process.

The new employee packet and certificate booklet have been combined into one Employee Handbook.

We hope this will provide information and answer any questions that your employee's and/or your location may have regarding the State Sponsored Paid Life coverage.

Please feel free to contact a representative from the Group Life Branch with questions or concerns.

Dana R. Pitcock  
Benefits Branch Manager  
Group Life Insurance Branch

## **ENROLLMENT – FORM NUMBER NSHAPP 2800 CWKY**

- THIS FORM SHOULD BE USED FOR ENROLLMENT, CHANGES AND/OR TERMINATION.
- ALL INFORMATION MUST BE COMPLETED
- ALL INFORMATION SHOULD BE PRINTED USING BLACK OR BLUE INK ONLY.
- LOCATION NAME MUST BE LISTED ON FORM.
- LOCATION NUMBER MUST BE LISTED.
- ANNUAL SALARY IS NEEDED ONLY IF EMPLOYEE HAS MARKED OPTIONAL PLAN 3 OR 4, PLEASE *VERIFY THE ANNUAL SALARY*. SALARY SHOULD BE LISTED AS THE EXACT SALARY AND NOT ROUNDED. NOTE: AMOUNT OF INSURANCE DOES NOT AUTOMATICALLY INCREASE WITH A SALARY CHANGE. EMPLOYEE MUST REQUEST WITHIN 30 DAYS FROM A SALARY CHANGE. NOTE: SALARY WILL BE SETUP WITH THE AMOUNT LISTED ON THE ENROLLMENT FORM, SO IT'S VERY IMPORTANT TO VERIFY THE SALARY BEFORE SIGNING THE ENROLLMENT.
- EMPLOYEE CAN ONLY MARK ONE PLAN FOR OPTIONAL AND ONE PLAN FOR DEPENDENT.
- ALL EMPLOYEES WILL BE COVERED FOR THE BASIC AMOUNT.
- **AN ENROLLMENT WILL BE REQUIRED ON ALL EMPLOYEES FOR INITIAL SETUP, EVEN IF THEY ONLY WANT BASIC COVERAGE. THIS IS REQUIRED FOR ALL LOCATIONS COVERED UNDER THIS PLAN.**
- BASIC COVERAGE IS PAID BY THE EMPLOYER.
- OPTIONAL AND/OR DEPENDENT COVERAGE IS PAID BY THE EMPLOYEE.
- AN EMPLOYEE CAN REQUEST UP TO \$150,000 WITHOUT APPROVAL FROM THE CARRIER FOR ANYTHING OVER THAT AMOUNT, THE EMPLOYEE MUST COMPLETE AN EVIDENCE OF INSURABILITY REQUESTING APPROVAL FROM THE INSURANCE CARRIER.
- **EMPLOYEE MUST SIGN AND DATE THE ENROLLMENT.**
- IF EMPLOYEE IS NEW, THE EMPLOYEE **MUST** SIGN WITHIN 30 DAYS FROM THE HIRE DATE TO BE ELIGIBLE FOR OPTIONAL AND/OR DEPENDENT COVERAGE WITHOUT PROVIDING AN EVIDENCE OF INSURABILITY STATEMENT
- QUALIFYING EVENT MUST BE LISTED ON THE ENROLLMENT FORM WITH DATE OF EVENT (THIS INFORMATION IS LISTED AT THE BOTTOM LEFT CORNER).
- THE INSURANCE COORDINATOR SHOULD VERIFY ALL INFORMATION AND CORRECT ANY MISTAKES BEFORE MAILING TO THE PERSONNEL CABINET. THE ENROLLMENT FORM SHOULD BE SIGNED AND DATED BY THE INSURANCE COORDINATOR. THE MAILING ADDRESS IS LISTED AT THE BOTTOM RIGHT CORNER OF THE ENROLLMENT FORM.
- COORDINATORS SHOULD KEEP THE YELLOW COPY, WHITE COPY SHOULD BE SENT TO THE PERSONNEL CABINET, AND THE EMPLOYEE SHOULD RECEIVE THE PINK COPY.

- PLEASE VERIFY ALL INFORMATION COMPLETED BY THE EMPLOYEE BEFORE SUBMITTING TO THE PERSONNEL CABINET. MAKE SURE INFORMATION IS CLEAR AND EASY TO READ. **DOUBLE CHECK** TO MAKE SURE THE EMPLOYEE'S SOCIAL SECURITY NUMBER AND DATE OF BIRTH, AND LOCATION NAME AND NUMBER ARE CORRECT. THE EMPLOYEE MUST SIGN AND DATE THE FORM.
- **PLEASE DO NOT STAPLE ENROLLMENTS TO OTHER DOCUMENTS.**

### **TERMINATION OF COVERAGE**

- ANY EMPLOYEE WANTING TO TERMINATE AN OPTIONAL OR DEPENDENT COVERAGE MUST SUBMIT A LETTER IN WRITING REQUESTING TERMINATION OR COMPLETE AN ENROLLMENT AND MARK TERMINATE WITH A TERMINATION DATE. THE EMPLOYEE MUST SIGN AND DATE THE FORM BEFORE COVERAGE CAN BE TERMINATED.
- THE POLICY WILL BE TERMED THE FIRST OF THE NEXT MONTH FROM THE DATE OF THE REQUEST. FOR EXAMPLE, EMPLOYEE SENDS A REQUEST DATING TERMINATING THEIR OPTIONAL COVERAGE DATING THE FORM FEBRUARY 23<sup>RD</sup>. THE COVERAGE WILL BE TERMED MARCH 1<sup>ST</sup> AND ANY OVERPAYMENTS WILL BE REFUNDED TO THE EMPLOYEE.
- IF AN EMPLOYEE HAS AN OUTSTANDING BALANCE ON THEIR OPTIONAL OR DEPENDENT COVERAGE OF THREE MONTHS OR MORE, THEIR COVERAGE COULD BE TERMINATED WITHOUT NOTICE.

### **QUALIFYING EVENTS**

- THE FOLLOWING WOULD BE CONSIDERED A QUALIFYING EVENT: BIRTH OF A CHILD, MARRIAGE, SALARY INCREMENT (THE SALARY INCREMENT ONLY ALLOWS THE EMPLOYEE TO INCREASE THEIR CURRENT OPTIONAL PLAN 3 OR 4 VOLUME)
- THE CURRENT LIFE INSURANCE CONTRACT WITH NATIONWIDE DOES NOT REQUIRE AN EVIDENCE OF INSURABILITY FORM TO BE COMPLETED FOR A DEPENDENT CHILD. DEPENDENT CHILD COVERAGE CAN BE ADDED AT ANY TIME DURING THE NATIONWIDE CONTRACT.

### **BENEFICIARY – FORM NUMBER NSHAPP 2801 CWKY**

- ALL INFORMATION MUST BE COMPLETED
- ALL INFORMATION SHOULD BE PRINTED USING BLACK OR BLUE INK ONLY.
- LOCATION NAME MUST BE LISTED ON FORM.
- EMPLOYEE SHOULD COMPLETE THE BENEFICIARY FORM AND RETURN TO THE INSURANCE COORDINATOR.
- EMPLOYEE CAN LIST A PRIMARY AND CONTINGENT BENEFICIARY.

- EMPLOYEE CAN LIST AS MANY BENEFICIARIES AS NEEDED (IF ADDITIONAL SPACE IS NEEDED, ATTACH A SHEET AND NOTE ON ORIGINAL FORM AND HAVE EMPLOYEE SIGN AND DATE BOTH FORMS).
- A PERCENTAGE SHOULD BE LISTED FOR EACH PERSON.
- THE BENEFICIARY DESIGNATION FORM IS NOT VALID UNLESS THE FORM IS SIGNED AND DATED BY THE EMPLOYEE.
- THE EMPLOYEE SHOULD LIST A BENEFICIARY FOR OPTIONAL COVERAGE, IF APPLICABLE.
- COORDINATOR SHOULD KEEP THE YELLOW COPY, WHITE COPY SHOULD BE SENT TO THE PERSONNEL CABINET, AND THE EMPLOYEE SHOULD RECEIVE THE PINK COPY.
- PLEASE VERIFY ALL INFORMATION COMPLETED BY THE EMPLOYEE BEFORE SUBMITTING TO THE PERSONNEL CABINET. **DOUBLE CHECK** THE EMPLOYEE'S SOCIAL SECURITY NUMBER, LOCATION NAME, EMPLOYEE'S SIGNATURE AND DATE ON THE FORM.
- PLEASE NOTE THE OPTIONAL COVERAGE IS COVERAGE PROVIDED FOR THE EMPLOYEE AND THE EMPLOYEE SHOULD NAME A BENEFICIARY FOR THE OPTIONAL COVERAGE. NO BENEFICIARY CAN BE NAMED FOR THE DEPENDENT COVERAGE.
- **PLEASE DO NOT STAPLE BENEFICIARY FORMS TO OTHER DOCUMENTS.**

### **NEW EMPLOYEE BOOKLET NSHGT 2500 CWKY**

- ALL ELIGIBLE NEW EMPLOYEES SHOULD RECEIVE A NEW EMPLOYEE BOOKLET. THIS BOOKLET CONTAINS AN ENROLLMENT/CHANGE/TERMINATION FORM, DESIGNATION OF BENEFICIARY, QUESTIONS AND ANSWERS AND AN EXPLANATION OF THE BENEFITS OFFERED UNDER THE STATE SPONSORED LIFE INSURANCE COVERAGE. ALSO, INCLUDED IN THIS BOOKLET WILL BE THE EMPLOYEE'S CERTIFICATE OF COVERAGE SHOWING THE GENERAL DETAILS FOR THE GROUP COVERAGE. AN INDIVIDUAL CERTIFICATE WILL BE MAILED TO THE EMPLOYEE AFTER THE ACCOUNT HAS BEEN SETUP BY THE GROUP LIFE INSURANCE BRANCH.
- THE ENROLLMENT AND BENEFICIARY FORM SHOULD BE COMPLETED BY THE NEW EMPLOYEE AND RETURNED TO THE INSURANCE COORDINATOR WITHIN 30 DAYS FROM THEIR HIRE DATE.
- ANY QUESTIONS CONCERNING INFORMATION IN THIS BOOKLET SHOULD BE REFERRED TO THE PERSONNEL CABINET, GROUPE LIFE INSURANCE BRANCH.

### **SUMMARY OF COVERAGE**

- ALL EMPLOYEES WILL RECEIVE A SUMMARY OF COVERAGE SHOWING THE INDIVIDUAL COVERAGE PROVIDED TO THEM UNDER THE STATE SPONSORED LIFE INSURANCE PLAN.
- A NEW SUMMARY OF COVERAGE WILL BE MAILED ANY TIME AN EMPLOYEE MAKES A PLAN ELECTION CHANGE AND/OR LOCATION CHANGE.
- THE SUMMARY OF COVERAGE WILL BE MAILED TO EMPLOYEE'S HOME ADDRESS UNLESS A DIFFERENT LOCATION HAS BEEN REQUESTED.

## **PAYMENT OF MONTHLY DEDUCTIONS**

### **➤ BOARDS OF EDUCATION, HEALTH DEPARTMENTS AND QUASI AGENCIES (SPECIAL ACCOUNTS)**

- EACH LOCATION SETUP AS A PAYROLL DEDUCTION LOCATION WILL RECEIVE A MONTHLY BILL FROM OUR OFFICE SHOWING DEDUCTIONS FOR EACH OF YOUR EMPLOYEES. PLEASE VERIFY THAT THE INFORMATION IS CORRECT ON THE BILLING.
- SUBMIT A TERMINATION NOTICE FOR ANY EMPLOYEE TERMINATING EMPLOYMENT.
- YOU MAY SUBMIT EITHER A TERMINATION NOTICE OR A WRITTEN REQUEST TO TERMINATE ADDITIONAL COVERAGE. THE LATER MUST BE SIGNED AND DATED BY THE EMPLOYEE.
- ANY CHANGES TO THE PREMIUMS MUST BE NOTED ON THE BILL THAT IS SENT FROM THE GROUP LIFE INSURANCE BRANCH. THESE CHANGES MUST TOTAL YOUR PREMIUM PAYMENT BEING MADE.
- YOU MAY BE ASKED TO SUBMIT AN ITEMIZED DEDUCTION LISTING IF THE PREMIUMS BEING PAID SHOULD BE LISTED ON THE GROUP LIFE INSURANCE BILLING.
- ALL PAYMENTS ARE DUE THE END OF THE MONTH FOR THAT PREMIUM MONTH. FOR EXAMPLE, MARCH PREMIUMS ARE DUE IN OUR OFFICE BY MARCH 30<sup>TH</sup>.
- ANY EMPLOYEE SHOWING A NEGATIVE AMOUNT (CREDIT) TO THEIR ACCOUNT WILL BE REFUNDED BY THE GROUP LIFE INSURANCE OFFICE AND SHOULD NOT BE APPLIED TO YOUR LOCATION ACCOUNT UNLESS A PRIOR ARRANGEMENT HAS BEEN MADE.

### **➤ STATE AGENCIES**

- EACH LOCATION WILL RECEIVE A MONTHLY BILL FROM OUR OFFICE SHOWING DEDUCTIONS FOR EACH OF YOUR EMPLOYEES. PLEASE VERIFY THAT THE INFORMATION IS CORRECT ON THE BILLING.
- YOU MAY SUBMIT EITHER A TERMINATION NOTICE OR A WRITTEN REQUEST TO TERMINATE ADDITIONAL COVERAGE. THE LATER MUST BE SIGNED AND DATED BY THE EMPLOYEE.
- PAY ANY ARREARS THAT SHOW OUTSTANDING. IF YOU NEED AN EXPLANATION FOR THESE ARREARS, PLEASE CALL THE GROUP LIFE INSURANCE OFFICE.
- ANY EMPLOYEE SHOWING A NEGATIVE AMOUNT (CREDIT) TO THEIR ACCOUNT WILL BE REFUNDED BY THE GROUP LIFE INSURANCE OFFICE AND SHOULD NOT BE APPLIED TO YOUR LOCATION ACCOUNT UNLESS A PRIOR ARRANGEMENT HAS BEEN MADE.

## **EVIDENCE OF INSURABILITY**

- THE PROCESS FOR REQUESTING ADDITIONAL COVERAGE OUTSIDE OF AN OPEN ENROLLMENT OR QUALIFYING EVENT AS OUTLINED BELOW.
- ALL INFORMATION SHOULD BE PRINTED USING BLACK OR BLUE INK ONLY. NO PENCIL STATEMENTS WILL BE ACCEPTED.
- THE FORM IS COMPLETED WHEN AN EMPLOYEE WANTS ADDITIONAL COVERAGE WITH NO QUALIFYING EVENT OCCURRING, WHEN THE EMPLOYEE HAS SURPASSED THE 30 DAY PERIOD, OR WHEN THE REQUESTED AMOUNT IS GREATER THAN THE MAXIMUM CONTRACT LIMIT OF \$150,000. IF THE EMPLOYEE REQUESTS TO INCREASE COVERAGE OUTSIDE OF A QUALIFYING EVENT, THE EMPLOYEE MUST COMPLETE AN ENROLLMENT SHOWING THE ADDITIONAL COVERAGE REQUESTED. THIS ENROLLMENT FORM SHOULD BE MAILED TO THE GROUP LIFE INSURANCE OFFICE. WE WILL THEN SEND THE EVIDENCE OF INSURABILITY FORM TO THE EMPLOYEES' HOME ADDRESS FOR COMPLETION.
- ALL QUESTIONS MUST BE ANSWERED IN ORDER FOR NATIONWIDE TO PROCESS THE EVIDENCE FORM.
- ANY CHANGES OR CORRECTIONS MUST BE INITIALED BY THE EMPLOYEE.
- A MEDICAL QUESTIONNAIRE MUST BE COMPLETED ON EACH PERSON REQUESTING COVERAGE.
- AFTER THE FORM HAS BEEN COMPLETED, SIGNED AND DATED. IT SHOULD BE SENT IMMEDIATELY TO NATIONWIDE LIFE INSURANCE COMPANY.
  - NATIONWIDE LIFE INSURANCE COMPANY  
PO BOX 183161  
COLUMBUS, OHIO 43128-3161
- PROCESS TO GET APPROVAL USUALLY TAKES 4 TO 6 WEEKS.
- NATIONWIDE LIFE WILL MAIL A NOTICE TO THE EMPLOYEE WHETHER THE ADDITIONAL COVERAGE HAS BEEN APPROVED OR DENIED. IF ADDITIONAL INFORMATION IS NEEDED, THE REQUEST WILL BE SENT TO THE EMPLOYEE BY NATIONWIDE LIFE INSURANCE.
- ONCE APPROVAL HAS BEEN RECEIVED BY THE GROUP INSURANCE OFFICE, A COPY OF THE APPROVAL WILL BE FAXED TO THE INSURANCE COORDINATOR.
- COVERAGE WILL BEGIN THE FIRST DAY OF THE NEXT MONTH FOLLOWING THE DATE APPROVED BY NATIONWIDE INSURANCE.

## **CONTINUING COVERAGE AFTER TERMINATION**

- ALL ELIGIBLE EMPLOYEES (INCLUDES EMPLOYEES WITH BASIC ONLY COVERAGE) TERMINATING COVERAGE SHOULD BE SENT A LETTER FROM THEIR EMPLOYER WITH INFORMATION ON CONTINUING THEIR INSURANCE COVERAGE.
- EMPLOYEES MUST CALL NATIONWIDE LIFE AT 866-356-2004 FOR OPTIONS ON CONTINUING COVERAGE. THE CURRENT CONTRACT WITH NATIONWIDE WILL ONLY ALLOW FOR THE EMPLOYEE TO CONVERT THEIR LIFE INSURANCE COVERAGE TO AN INDIVIDUAL WHOLE LIFE POLICY.
- CONVERSION RATES WILL BE AT A HIGHER RATE THAN THE GROUP TERM RATES.
- AN EMPLOYEE HAS A RIGHT TO CONVERT THE COVERAGE AT THE TIME OF TERMINATION. AN EMPLOYEE CAN ALSO ELECT TO DECREASE THE AMOUNT OF LIFE INSURANCE COVERAGE TO CONVERT.
- AN EMPLOYEE HAS 31 DAYS TO CONVERT COVERAGE FROM THEIR TERMINATION DATE OF INSURANCE.
- IF AN EMPLOYEE OR DEPENDENT DIES WITHIN THE 31 DAY CONVERSION PERIOD, THE CLAIM WILL BE PROCESSED UNDER THE GROUP POLICY REGARDLESS OF WHETHER OR NOT IT IS CONVERTED.
- THE CONVERSION APPLICATION AND PROCESS WILL BE HANDLED BY NATIONWIDE LIFE INSURANCE DIRECTLY. THE EMPLOYEE MUST COMPLETE THE FORM AND SEND THE APPLICATION ALONG WITH THE REQUIRED PREMIUMS TO NATIONWIDE LIFE WITHIN 31 DAYS FROM THEIR TERMINATION DATE OF COVERAGE.

## **PROOF OF DEATH (EMPLOYEE)**

- EMPLOYER AND/OR BENEFICIARY SHOULD CONTACT THE PERSONNEL CABINET, GROUP LIFE INSURANCE BRANCH TO REPORT THE CLAIM. NO CLAIM FORMS WILL BE SENT IN ADVANCE TO THE LOCATIONS.
- INFORMATION WILL BE TAKEN OVER THE PHONE AND SENT TO THE EMPLOYER FOR SIGNATURE AND VERIFICATION.
- HAVE THE FOLLOWING INFORMATION BEFORE CALLING IN A CLAIM:
  - NAME OF DECEASED
  - SOCIAL SECURITY NUMBER
  - DATE OF BIRTH
  - DATE MEMBER LAST REPORTED FOR WORK
  - DATE OF DEATH
  - REASON MEMBER DID NOT RETURN TO WORK; DEATH, ILLNESS, OR OTHER (EXPLAIN)
  - IF DEPENDENT CLAIM, NAME OF MEMBER
  - MONTHLY OR ANNUAL SALARY
  - JOB OCCUPATION
  - NAME OF BENEFICIARY
  - BENEFICIARY RELATIONSHIP
  - BENEFICIARY SOCIAL SECURITY NUMBER



- BENEFICIARY DATE OF BIRTH
  - BENEFICIARY ADDRESS
  - BENEFICIARY PHONE NUMBER
  - ANY COMMENTS OR REMARKS ON CLAIM
  - FAX COPY OF BENEFICIARY FORM IF NOT ON FILE WITH PERSONNEL CABINET
- ALL BENEFICIARIES MUST SIGN BEFORE THE CLAIM CAN BE PROCESSED.
  - ALL SIGNATURES MUST BE ORIGINAL SIGNATURES
  - ALL SIGNATURES MUST BE IN BLACK OR BLUE INK.
  - NO PAYMENT WILL BE MADE UNLESS BENEFICIARIES HAVE SIGNED.
  - BENEFICIARIES MUST READ AND PREVIEW THE PROOF OF DEATH FORM.
  - EMPLOYEES' LIFE INSURANCE BENEFIT OF \$10,000 AND UP IS NORMALLY PAID TO THE BENEFICIARY BY CHECKING ACCOUNT SETUP IN THEIR NAME UNLESS THE BENEFICIARY HAS MADE OTHER ARRANGEMENTS WITH THE INSURANCE CARRIER. IF A LUMP SUM SETTLEMENT IS REQUESTED, THIS REQUEST MUST BE IN WRITING, AND SUBMITTED WITH THE CLAIM.
  - PROOF OF DEATH AND ALL CORRESPONDENCE MUST BE REVIEWED AND APPROVED BY THE PERSONNEL CABINET, GROUP LIFE INSURANCE BRANCH BEFORE THE CLAIM WILL BE PROCESSED.
  - IF EMPLOYEE HAS PASSED AWAY IN AN ACCIDENT, THE INFORMATION LISTED SHOULD BE SENT TO THE PERSONNEL CABINET. ALSO, THE FOLLOWING:
    - POLICE REPORT
    - NEWSPAPER CLIPPINGS
    - AUTOPSY REPORT NEEDED FOR ANY QUESTIONABLE CLAIM
    - TOXICOLOGY REPORT NEEDED FOR ANY QUESTIONABLE CLAIM
  - IF THE EMPLOYEE HAS NAMED AN ESTATE OR TRUST FUND AS BENEFICIARY, OR IF A BENEFICIARY IS UNDER THE AGE OF 18 PLEASE CALL OUR OFFICE BEFORE SUBMITTING THE CLAIM. CERTAIN DOCUMENTATION FROM THE COURTS IS NEEDED BEFORE THE PAYMENT CAN BE ISSUED.

### **PROOF OF DEATH (DEPENDENT)**

- EMPLOYER SHOULD CONTACT THE PERSONNEL CABINET, GROUP LIFE INSURANCE BRANCH TO REPORT THE CLAIM.
- INFORMATION WILL BE TAKEN OVER THE PHONE AND SENT TO THE EMPLOYER FOR SIGNATURES AND VERIFICATION.
- NO BENEFICIARY FORM IS NEEDED; THE EMPLOYEE IS THE BENEFICIARY ON A DEPENDENT CLAIM.
- BENEFICIARY SIGNATURE: EMPLOYEE NEEDS TO SIGN

- ALL BENEFICIARIES MUST SIGN BEFORE THE CLAIM CAN BE PROCESSED.
- ALL SIGNATURES MUST BE ORIGINAL SIGNATURES.
- ALL SIGNATURES MUST BE IN BLACK OR BLUE INK.
- NO PAYMENT WILL BE MADE UNLESS BENEFICIARIES HAVE SIGNED.
- BENEFICIARIES MUST READ AND REVIEW THE PROOF OF DEATH FORM.
- DEPENDENT LIFE INSURANCE BENEFIT OF \$10,000 AND UP IS NORMALLY PAID TO THE BENEFICIARY BY CHECKING ACCOUNT SETUP IN THEIR NAME UNLESS THE BENEFICIARY HAS MADE OTHER ARRANGMENTS WITH THE INSURANCE CARRIER. IF A LUMP SUM SETTLEMENT IS REQUESTED THE BENEFICIARY MUST MAKE THIS REQUEST IN WRITING, AND SUBMIT WITH THE CLAIM.
- PROOF OF DEATH AND ALL CORRESPONDENCE MUST BE REVIEWED AND APPROVED BY THE PERSONNEL CABINET, GROUP LIFE INSURANCE BRANCH BEFORE THE CLAIM WILL BE PROCESSED. THE BENEFICIARIES MUST SIGN BEFORE THE CLAIM CAN BE PROCESSED AND MAILED TO NATIONWIDE.
- IF DEPENDENT IS DECEASED, THE FOLLOWING SHOULD BE SUBMITTED TO THE PERSONNEL CABINET:
  - PROOF OF DEATH (WITH ORIGINAL SIGNATURE OF BENEFICIARY)
  - CERTIFIED COPY OF THE DEATH CERTIFICATE
- ENROLLMENT COPY

### **WHAT IF.....**

Beneficiary is deceased: Submit beneficiary's death certificate and information on contingent beneficiary or insured's estate.

Estate is beneficiary: Submit certified copy of court order appointing an executor or administrator of the estate and Tax Identification Number for estate.

Beneficiary is minor or incompetent: Submit a certified copy of the court order appointing a guardian or committee of the property or estate of the minor/incompetent beneficiary.

Insurance was assigned: Submit a copy of the assignment and beneficiary designation. In the case of a gift assignment, submit copies of all beneficiary designations executed by assignee as well.

In the event of any unusual claim situations, i.e., someone other than the beneficiary is claiming the benefit, beneficiary involvement in insured's death, simultaneous death of beneficiary and insured, no commitment should be made as to benefits payable to any contingent beneficiary. Full details should be submitted to Nationwide Life Insurance Company for review.

If you have any questions about submitting a death claim or any unusual claim situation, please call the Personnel Cabinet, Group Life Insurance Branch at (502)564-4774 or (800) 267-8352 and ask for Gaye Adcock.

### **REFUNDS**

- ❖ CAN BE REQUESTED BY THE REFUND REQUEST FORM, MEMO OR E-MAIL;
- ❖ WILL BE PROCESSED BY THE PERSONNEL CABINET WHEN REVIEWING OUTSTANDING BALANCE REPORTS AND LOCATION REVIEWS;
- ❖ REFUNDS ARE ISSUED TWICE A MONTH, PAYABLE TO THE EMPLOYEE BUT MAILED TO THEIR EMPLOYER.
- ❖ FOR INDIVIDUAL PAYER ACCOUNTS WILL BE MAILED TO EMPLOYEES AT THEIR HOME ADDRESS;
- ❖ INSURANCE COORDINATORS SHOULD REVIEW FOR ANY DISREPARANCIES. IF CHECK WAS ISSUED IN ERROR, COORDINATOR SHOULD CONTACT GROUP LIFE INSURANCE AND RETURN CHECK WITH AN EXPLANATION FOR RETURN;
- ❖ QUESTIONS SHOULD BE DIRECTED TO GAYE ADCOCK WITH GROUP LIFE INSURANCE;
- ❖ ONCE YOUR LOCATION HAS RECEIVED THE REFUND CHECK, IT SHOULD BE DISTRIBUTED OR PROCESSED IMMEDIATELY.

### **SUPPLIES**

- ❖ CAN BE REQUESTED BY THE SUPPLY REQUEST FORM, MEMO, E-MAIL OR PHONE.

### **LEAVE OF ABSENCE WITHOUT PAY (LWOP)**

- ❖ EMPLOYEE'S COVERAGE CAN BE CONTINUED UP TO A MAXIMUM OF TWELVE (12) MONTHS FOLLOWING THE DATE ON WHICH THE EMPLOYEE BEGINS AN APPROVED LEAVE OF ABSENCE WITHOUT PAY **PROVIDING THE EMPLOYEE MAKES THE REQUIRED MONTHLY PAYMENTS.**
- ❖ THE LEAVE STATUS CAN BE EXTENDED PAST THE TWELVE (12) MONTH PERIOD BY SPECIFIC BOARD AND AGENCY POLICIES. GROUP LIFE INSURANCE COVERAGE WILL TERMINATE AT THE END OF THE TWELVE (12) MONTHS IF THE EMPLOYEE HAS NOT RETURNED TO WORK AS AN ELIGIBLE EMPLOYEE.
- ❖ IF AT THE END OF THE TWELVE (12) MONTHS, AN EMPLOYEE HAS NOT COME BACK TO WORK AS AN ELIGIBLE EMPLOYEE, THE EMPLOYEE WILL HAVE THIRTY-ONE (31) DAYS TO CONVERT HIS/HER GROUP INSURANCE POLICY TO AN INDIVIDUAL POLICY.

- ❖ AN EMPLOYEE ON LEAVE OF ABSENCE WITHOUT PAY IS RESPONSIBLE FOR THE MONTHLY CONTRIBUTION FOR THE BASIC LIFE INSURANCE PERIOD. THIS IS DUE THE FIRST DAY OF THE COVERED MONTH.
- ❖ IT IS ALSO THE RESPONSIBILITY OF THE EMPLOYEE ON LEAVE WITHOUT PAY TO REMIT THE MONTHLY CONTRIBUTIONS FOR OPTIONAL LIFE INSURANCE AND/OR DEPENDENT GROUP LIFE INSURANCE. **THE INSURANCE COORDINATOR MUST ADVISE THE EMPLOYEE, IN WRITING, OF BASIC LIFE INSURANCE PREMIUM PAYMENTS. THE INSURANCE COORDINATOR MUST KEEP A COPY OF THE CORRESPONDENCE TO THE EMPLOYEE IN THE EMPLOYEE'S FILE.**
- ❖ IF AN EMPLOYEE WHO HAS BEEN ON LEAVE WITHOUT PAY FAILS TO MAKE THE REQUIRED PREMIUM PAYMENTS FOR BASIC LIFE INSURANCE AND RETURNS TO WORK ON OR BEFORE THE LEAVE WITHOUT PAY EXPIRED, THE BASIC LIFE INSURANCE WILL BE EFFECTIVE THE FIRST DAY OF THE SECOND MONTH FOLLOWING THE DATE OF THE EMPLOYEE'S RETURN AS AN ELIGIBLE EMPLOYEE.
- ❖ IF AN EMPLOYEE DOES NOT MAKE THE REQUIRED MONTHLY PAYMENTS FOR THE OPTIONAL LIFE INSURANCE AND/OR DEPENDENT GROUP LIFE INSURANCE WHILE ON LEAVE AND RETURNS TO WORK ON OR BEFORE THE LEAVE OF ABSENCE EXPIRES, THE EMPLOYEE WILL NEED AN APPROVED MEDICAL HISTORY STATEMENT TO ENROLL IN ANY OPTIONAL LIFE INSURANCE OR DEPENDENT GROUP LIFE INSURANCE PLANS.
- ❖ IF AN EMPLOYEE WORKS LESS THAN HALF THE WORKDAYS IN THE MONTH, IT WILL BE THE EMPLOYEE'S RESPONSIBILITY TO MAKE THE BASIC LIFE INSURANCE PREMIUM PAYMENTS THE FOLLOWING MONTH.
- ❖ **THE INSURANCE COORDINATOR MUST NOTIFY LWOP EMPLOYEES, IN WRITING, OF THE EMPLOYEE'S RESPONSIBILITIES REGARDING CONTINUATION OF COVERAGE WHILE ON LEAVE.**

### **FAMILY LEAVE (FMLA)**

- ❖ THE EMPLOYER IS RESPONSIBLE FOR PAYING THE MONTHLY BASIC LIFE INSURANCE PREMIUMS WHILE AN EMPLOYEE IS ON FAMILY LEAVE FOR UP TO A PERIOD OF TWELVE (12) WEEKS.
- ❖ THE EMPLOYEE ON FAMILY LEAVE IS RESPONSIBLE FOR THE TIMELY PAYMENTS OF OPTIONAL LIFE INSURANCE AND DEPENDENT GROUP LIFE INSURANCE, IF ANY.
- ❖ IF AN EMPLOYEE DOES NOT MAKE THE REQUIRED MONTHLY PAYMENTS FOR THE ADDITIONAL LIFE INSURANCE COVERAGE WHILE ON LEAVE AND RETURNS TO WORK ON/OR BEFORE THE LEAVE EXPIRES, THE EMPLOYEE WILL NEED TO COMPLETE AN EVIDENCE OF INSURABILITY FORM AND HAVE THE APPROVAL OF BY THE INSURANCE CARRIER TO PICK UP ADDITIONAL COVERAGE.
- ❖ AN EMPLOYEE'S FAMILY LEAVE WILL EXPIRE AFTER (12) WEEKS FROM THE DATE THE FAMILY LEAVE BEGINS.

## **PAYMENT PROCEDURE FOR FAMILY LEAVE OR LWOP**

- ❖ THE EMPLOYEE WILL REMIT PAYMENTS TO THE INSURANCE COORDINATOR. A COVER LETTER SHOULD BE ATTACHED TO THE PAYMENT SHOWING THE EFFECTIVE DATE OF THE LEAVE AND POSSIBLY HOW LONG THE EMPLOYEE MAY BE ON LEAVE. THIS PROCESS WILL VERIFY TO OUR OFFICE THAT THE EMPLOYEE'S LEAVE HAS BEEN APPROVED BY YOUR LOCATION AND THAT THE EMPLOYEE IS ELIGIBLE FOR COVERAGE WHILE ON LEAVE.
- ❖ IF AN EMPLOYEE SENDS A PAYMENT DIRECTLY TO GROUP LIFE INSURANCE ADMINISTRATION, THE PAYMENT MAY BE FORWARDED TO THE INSURANCE COORDINATOR FOR VERIFICATION OF ELIGIBILITY.
- ❖ ONLY CHECKS OR MONEY ORDERS WILL BE ACCEPTED, MADE PAYABLE TO THE KENTUCKY STATE TREASURER.

## **JUST A REMINDER.....**

**PLEASE CALL THE GROUP LIFE INSURANCE BRANCH WITH ALL QUESTIONS AND CONCERNS BEFORE CALLING THE INSURANCE CARRIER (*EXCEPT FOR CONVERSION OF INSURANCE*)**

**PERSONNEL CABINET  
GROUP LIFE INSURANCE  
501 HIGH STREET  
STATE OFFICE BUILDING  
3<sup>RD</sup> FLOOR  
FRANKFORT, KY 40601  
OFFICE (502)564-4774  
1-800-267-8352  
FAX (502)564-4034**



